

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036636

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 185

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300

Rev. 4/59

10497

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED SEP 25 1963

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in b-1 3 yrs.	c. CITY OR TOWN Carthage Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1845 Grand Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Ross Leonard Baird			4. DATE OF DEATH Month Day Year September 16, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-7-1886
9. AGE (last birthday) 75		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain Dealer		10b. KIND OF BUSINESS OR INDUSTRY Elevator	11. BIRTHPLACE (City and state or country) Jasper, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Cyrus A. Baird	
13b. MOTHER'S MAIDEN NAME Alberta Tallman		14. NAME OF HUSBAND OR WIFE Mayme Hatfield	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no		16. SOCIAL SECURITY NO. 7	
17. INFORMANT Mrs. Mayme Baird,		Address 1845 Grand Avenue, Carthage, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Myocardial failure DUE TO (c) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 40 min 40 min Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: Generalized arteriosclerosis.			PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 9/5/63 to 9/16/63 and last saw her alive on 9/16/63 Death occurred at 1:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. J. [Signature] (Degree of title)		22b. ADDRESS 1515 Hazel St Carthage Mo	22c. DATE SIGNED 9/16/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-18-63	23c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery	23d. LOCATION (City, town, or county) Jasper County, Mo.
24. FUNERAL DIRECTOR Martin Selvey ADDRESS Jasper, Mo.		25. DATE RECD. BY LOCAL REG. 9-17-63	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

961. 6 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

George W Newcomb

Licensed Embalmer No.

4671

P. O. Address

Lockwood Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.